Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	PROCEDURES	NOTICE FILING

ADMINISTRATIVE PROCEDURES	NOTICE FILING							
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5248		BER			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201			
EMAIL Margaret.Wilson@medicaid.ms.gov	NOV 2 9 2016	Name or number of rule(s): Chapter 1: HCBS Elderly and Disabled (E&D) Waiver Rules 1.1, 1.4, 1.6, New Rule 1.13; Chapter 2: HBCS Independent Living (IL) Waiver, Rules 2.1, 2.5, New Rule 2.12; Chapter 3: HCBS Assisted Living (AL) Waiver, Rules 3.4, 3.6, New Rule 3.15; Chapter 4: HCBS Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver, Rules 4.1, 4.5, New Rule 4.12; Chapter 5: HCBS Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver, Rule 5.3, 5.5, 5.8, 5.12, New Rule 5.14; Chapter 7: 1915(i) HCBS, Rule 7.3, 7.5, 7.6, 7.8, 7.9, New Rule 7.10.						
Short explanation of rule/amendment/r CFR §§ 441.301(c), 441.710(a) (1)-(2). Specific legal authority authorizing the p 441.301, 431.53, 440.170(a), 440.180(b) List all rules repealed, amended, or susp 5.3, 5.5, 5.8, 5.12, 5.14, 7.3, 7.5, 7.6, 7.8 ORAL PROCEEDING:	promulgation of rul (9), 441.302; Miss. Jended by the prop	e: 20 U.S.C. § 1401, 42 U.S.C. Code Ann. § § 41-4-7, 43-13-	§ 1396a, 13 117, 43-13-1	96n; 42 C.F.R. § 121	§ 431.51,			
An oral proceeding is scheduled for this rule on Date: Time: Place:								
Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.								
ECONOMIC IMPACT STATEMENT:								
Original filing Renewal of effectiveness New rul. To be in effect in days Amendn Effective date: Immediately upon filing Adoptio Other (specify): Proposed final 30 days Other (s		ed: le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing specify):	FINAL ACTION PARUAL Date Proposed Rule Filed: Action taken: X Adopted with no changes in a Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X Other (specify):		nges in text s			
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director Signature of person authorized to file rules:								
OFFICIAL FILING STAMP	OFFI	VRITE BELOW THIS LINE CIAL FILING STAMP	F	NOV 2 9 20 MISSISSIP ETARY OF	16 PI			
Accepted for filing by Accepted for fi		filing by	Accepted for filing by # 224/3					
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.								